Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	02/22/2010	Address:	17180 E. C.R. 300 S.
Case #:	<u>42F30142</u>		
County:	BARTHOLOMEW		COLUMBUS, IN.
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
	onal Lab al/Glassware/Equipment (only) te (only)	☐ Residence☐ Outbuilding☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents: <u>IN ATTACHED GARAGE</u>			
Water Reactive Metal (Lithium): <u>IN ATTACHED GARAGE</u>			
Anhydrous Ammonia: <u>IN TANK IN OUTBUILDING</u>			
Hydrochloric Acid Gas Generator(s): IN ATTACHED GARAGE			
Corrosive Acid: IN GARAGE			
Corrosive Base:			
Other (item and location):			
Child under age 18 discovered (check one) Investigative Information Yes (number present) □ Ephedrine/Pseudoephedrine Tracking No □ Retail/Merchant Tip *If yes, fax report to Child Protective Services □ Other:		e/Pseudoephedrine Tracking Log erchant Tip	
This report	is to be faxed to the following agen	cies that serve the lo	ocation:
Health Depa	Fire Department: ELIZABETHTOWN FIRE Health Department: BARTHOLOMEW CO. Child Protection Service: N/A Fax: 812-579-5403 Fax: 812-379-1040 Fax: N/A		
For further information regarding this methamphetamine laboratory, contact			

Investigating Officer: <u>TRP. MARTIN A. MEAD</u> Phone <u>812-522-1441</u>

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.